Douglas Court Care Home Limited

Douglas Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 17 October 2016. Douglas Court is a care home registered to provide accommodation for up to 43 older people. The service is located on two floors. Each person had their own individual room. The home had two communal lounges and dining rooms as well as a smaller lounge and sensory lounge. At the time of this inspection there were 30 people using the service.

The service had a manager who was in the process of becoming registered with the CQC and had submitted an application. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 21 January 2014 we found that the service was in breach of Regulation 13 management of medicines and regulation 21 requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which following legislative changes of 1 April 2015 corresponds to Regulation 12 safe care and treatment and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements. We received an action plan from the provider in which they explained how they would make improvements. At this inspection we found that improvements had been made and the service was meeting these requirements.

We have made a recommendation about the deployment of staff. Some people said that at times staff were not visible in one of the lounges and we saw that this was the case for part of the morning in one of the lounges. One person said that this had recently improved. For the previous three months there had been an average of 10 accidents or incidents a month. Many of these were un-witnessed falls.

People were protected from the risk of harm at the service because staff knew how to recognise abuse and what action to take if they suspected abuse or had a concern. Risks to people's well-being had been assessed and action plans were in place. Pre- employment checks had been carried out to assess staff character and suitability to work at the service.

Routine maintenance and safety checks were carried out on the building and equipment used. Staff knew what action to take in the event of an emergency such as a fire or an accident.

People's medicines were managed safely and were given to them in accordance with their prescriptions.

Staff received appropriate support through training and supervision and had their practice observed and assessed. There was an on-going training programme to provide and update staff on safe ways of working.

There was a choice at each meal time and people had enough to eat and drink. People were supported to

maintain a balanced diet and risk of malnutrition was assessed and managed. People had access to healthcare services and could see a doctor, community nurse or other professional as required.

People were supported in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We found that appropriate assessments of capacity had been completed and DoLS applications had been made. People were asked for their consent before receiving care and support.

Staff supported people in a kind and compassionate way. People had their dignity and privacy protected. Staff knew the things that were important to people and their individual preferences. People were supported to be as independent as they could be.

People said they would feel comfortable making a complaint and felt sure they would be listened to and action would be taken.

People had confidence in the manager and said they were approachable. Staff felt supported by the management team. People and their relatives were asked for their feedback about the day to day running of the service. Changes were made as a result of what people said.

Regular checks known as audits were carried out to check the quality of service provision. Changes were made where shortfalls were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing numbers were sufficient to meet people's needs.

People were protected from abuse and staff knew what action to take if they suspected abuse or had a concern.

Safe recruitment practices where followed when employing new staff.

People's medicines were handled safely and given to them as prescribed.

Is the service effective?

Good

The service was effective.

People received support from staff who had received training and knew how to meet people's needs.

People received support in line with the Mental Capacity Act 2005 and were encouraged to make decisions about their support and day to day lives.

People had access to healthcare services and had their healthcare needs met.

People had enough to eat and drink. A balanced diet was provided and encouraged.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and had their privacy and dignity respected.

Staff understood people's needs and the things that were

important to them. Independence was encouraged.

People were supported to maintain relationships with relatives and people who were important to them.

Is the service responsive?

Good

The service is responsive.

People or their representatives were consulted about and involved in planning their care and support.

Care plans were focused on the person and their individual preferences.

People were able to follow their interests and hobbies.

Is the service well-led?

Good

The service was well led.

There was a new manager in post who was in the process of applying to become registered with the CQC.

People and staff praised the manger and had confidence in them.

People had been asked for their opinion on the quality of the service that they had received. Changes were made as a result of people's feedback.

The provider had checks in place to monitor the quality of the service. These were acted upon and action plans were developed to drive improvement.

Douglas Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 October 2016 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone with dementia.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service to ask them for their feedback about the service.

We reviewed a range of records about people's care and checks that were carried out to review the quality of the service that had been provided. This included three people's plans of care and associated documents including risk assessments. We looked at two staff files including their recruitment and training records. We also looked at documentation about the service such as policies and procedures that the provider had in place. We spoke with six people who used the service and two relatives, the operations manager, the manager, training manager, activities coordinator and two care workers.

Good

Is the service safe?

Our findings

At our last inspection on 21 January 2014, we found that the service was not consistently safe because the provider did not have appropriate arrangements in place to manage medicines. The provider also did not have effective recruitment procedures to ensure that people are cared for by suitably qualified, skilled and experienced staff. These were breaches of Regulation 13 management of medicines and Regulation 21 requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following legislative changes of 1 April 2015 correspond to Regulation 12 safe care and treatment and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements. We received an action plan from the provider in which they explained how they would make these improvements.

At this inspection we found that people had their medicines managed in a safe way. People told us they got their medicines at the right time. A relative told us how staff had quickly responded when their relative experienced difficulty taking their medicines. Staff contacted the person's doctor who changed the prescription for a liquid form of the medicine. We saw that staff were following current guidance about the management of medicines. Staff checked that people had the right medicine and at the right time. They assisted people with their medicines in a sensitive way and the staff member stayed with the person until they had taken the medicine.

Medicines were stored securely and disposed of correctly. Systems were in place to monitor the management of medicines. An electronic medication administration record was used. This allowed managers to carry out daily audits and the system alerted staff about any missed doses of medicine or any other errors. People were able to manage their own medicines if they wanted to. Risk assessments were carried out to ensure people who managed their own medicines had taken them at the right times.

Systems were in place to protect people from abuse and avoidable harm. People told us they felt safe. People and their relatives said they would approach staff or the manager if they had any concerns. A relative said "The place is safe, it is secure 24 hours a day and staff are here when they need them".

At this inspection we found that there was a recruitment policy in place which the provider followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at the recruitment files. We found that all the required pre-employment checks had been carried out before they had commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

We looked at staffing numbers and spoke with the provider about how required numbers were calculated. They told us people had their care needs assessed and this information was used to calculate the number of staff required on each shift. At the time of our inspection the occupancy rate was lower because some people had chosen to move to a new service recently opened by the provider. Most people told us there

were enough staff on duty to meet their needs. One person said about the staff "They are very busy". A relative said that at times there were not enough staff in one of the communal lounges. They also said that this had recently improved. Another relative said "It is sometimes a bit stark on staffing". Staff told us that staffing levels were sufficient to meet people's needs. During our observations we saw that during the morning there were not many staff in one of the lounges and some people did not have any interaction with staff for more than 30 minutes. This improved as the day went on and more staff were available to people. We recommend that the provider reviews the provision and deployment of staff to ensure that people are safe and have their needs met at all times.

Staff knew what action to take in the event of an accident or an emergency. There was always a manager on call that staff could contact. Staff knew how to respond to an accident. They told us they would contact the person's doctor or call an ambulance. We looked at accident and incident records. For the previous three months there had been an average of 10 accidents or incidents a month. Many of these were un-witnessed falls. We saw that after each incident appropriate action had been taken such as seeking medical attention and or increasing observations to check on wellbeing. We were told that one person who had frequently fallen over the last three months had been assessed as requiring more specialist support and was in the process of finding an alternative service. Assistive technology was used for some people such as a pressure mat that alerted staff a person had got out of bed when they were at risk of falling at night

Staff had received training about protecting people from abuse. They knew how to recognise the signs of abuse and what action to take if they suspected it. A staff member described how changes in behaviour could be a sign that something was wrong. This was of particular importance where people could not verbally communicate their concerns. Staff told us they would report any abuse to their manager. They were confident their manager would take action but knew they could contact other organisations such as the CQC or local authority safeguarding team should they need to.

Risks relating to people's safety had been assessed. These included the risk of people falling or developing pressure sores. This meant that staff knew what action to take to keep people safe. For example, where risk assessments showed that a person had an increased risk of malnutrition, action was taken such as contacting the person's doctor and arranging nutritional supplements.

People had their freedom respected and were allowed to take risks. For example one person requested that their door be locked at night and staff not to check on them. This request was recorded on the risk assessment and was respected by staff.

Good

Is the service effective?

Our findings

People received the care and support they required from staff who had the skills to meet their needs. People told us they were happy living at Douglas Court. One person said that staff knew how to care for them and met their needs. A relative said her mum was very happy at Douglas Court.

Staff told us they had received the training they required to meet people's needs. They were able to describe how they met people's needs and how their training helped them to do this. A staff member told us how training had helped them to recognise appropriate types of activities for people with dementia. Another staff member told us how they had learned how to calm and diffuse a situation when people became anxious and or distressed. A staff member said about training "There is so much on offer".

Induction training was provided to all staff when they began working at the service. New staff completed 'the care certificate as part of their induction training. This was nationally recognised and induction training that prepared staff for their role as a care worker. Staff then went on to gain further nationally recognised qualifications in care. The provider employed a training manager to oversee and organise staff training. Record showed that staff were provided with the training they required and that this was updated as required. A mixture of on line and face to face training was provided. During our inspection staff some staff were being trained about first aid and resuscitation.

Staff had supervision with their manager. This was a meeting where any learning and development needs could be discussed and staff could receive feedback about their performance. This meant that staff were being supported and any training and development needs could be identified.

People told us that staff asked them for their consent before carrying out care and support. Staff described how they obtained consent and gave people choices. We saw that staff provided care and support in the least restrictive way. One person sometimes refused personal care, staff described and records showed how staff respected this and used different ways of communicating to encourage the person to receive the care when they were ready to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people had their capacity to make decisions assessed and best interest decisions were made where this was required. This was carried out in the least restrictive way.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that staff had received training and were following the

requirements of the MCA and DoLS. They were able to describe how they assessed people's capacity and made best interest decisions.

People were supported to eat and drink enough. People had their risk of malnutrition assessed. Care plans were in place where risk was identified. Staff knew what action to take to meet people's nutritional needs. Some people had their daily food and fluid intake recorded and checked to see if they had eaten and drank enough each day. People had their weight monitored. Appropriate referrals were made to GP's and dieticians and staff followed their guidance.

People said they liked the food provided. We saw that snacks and drinks were available and encouraged throughout our inspection. There was a choice of meal at lunchtime and staff assisted people in a sensitive way. We saw that staff were flexible. One person did not want to eat there meal or sit at the table. This was respected and 20 minutes later a meal was offered again and the person accepted this and ate their lunch. Some people had religious and or cultural diets. Staff understood these needs and respected them. Staff serving the meal and assisting people did this in a positive way and promoted a relaxed and positive atmosphere. People were unhurried and enabled to manage their own meal where they could. One person was struggling to eat their meal so a smaller spoon was provided and the person was able to feed themselves their meal.

People were supported to maintain good health. People told us they had access to their doctor and to other healthcare professionals. A relative told us how their relative was prone to chest and urine infections. They told us that staff acted quickly and obtained samples and contacted the person's doctor. Staff knew how to recognise signs of deteriorating health and knew they had to report it. They said that action would be taken and an appropriate healthcare professional would be contacted. Records confirmed that this was the case.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said "they are good and gentle with me". A relative said "the staff are very caring". We saw that staff spoke kindly to people and in a respectful way. People appeared comfortable and relaxed with the staff. Staff showed concern for people's wellbeing and quickly responded to their needs. When people asked for assistance or for drinks or a tissue, staff responded quickly and were cheerful and positive. A relative said "The atmosphere of the home is calm, pleasant and a nice place to live"

Staff knew about people's unique social backgrounds, cultural and religious needs. People were supported to follow their chosen religion. Staff knew the things that were important and the things that may upset or distress them. People's preferences and wishes were taken into account in how their care was delivered. For example the times people preferred to get up and go to bed were recorded in their care plan and staff followed this. People were asked if they preferred male or female staff to provide personal care and their choice was respected.

They were supported to make decisions about their day to day care and to maintain their independence. One person attended to their personal care without any assistance from staff and managed their own medicines. They told us that staff respected this. They said they could choose how to spend their day and could do as they pleased.

People had access to advocacy services. People who were subject to a deprivation of liberty were visited by an advocate to check that staff were applying the authorisation in the least restrictive way.

Visitors were made to feel welcome. A relative said "The staff are very caring. When I come in they tell me how my relative is and ask my view. They laugh and joke with them. People get on well. Another relative said "My relative has made good friends here. They are treated with respect. My Relative is helped with a bath regularly and sees the hairdresser every Wednesday. I feel well informed and staff tell me about any changes."

People had their privacy and dignity respected. All staff received training about privacy and dignity and were able to describe how they promoted it. They told us about the practical ways such as keeping people covered up as much as possible when providing personal care and knocking on doors before entering. They also told us about communicating with people in a respectful way and maintaining confidentiality. The manager and training manager carried out observations to check that staff were promoting people's privacy and dignity.

Written information was handled carefully and stored securely. When information about people was shared between staff this was done discreetly and in a sensitive way so that conversations were not overheard. The provider had policies about confidentiality and data protection.

Staff told us they would have no hesitation in recommending the service to someone that they cared about.

Good

Is the service responsive?

Our findings

People had their needs assessed and were involved in the planning of their care. Care plans were focused on the person and described the ways in which people preferred to be cared for and supported. Information about the things that were important to the person were recorded. Staff we spoke with knew about people's preferences, they knew about people's cultural and religious needs and respected these. Three relatives told us they had been involved and consulted about the care plan. One relative said "I am very appreciative of the way staff keep me informed and consult me about developing care needs and the care plan."

A document known as 'this is me' was used to record personal history and preferences. This information was used to inform the care plan. Advanced care plans were in place which recorded people's wishes about their preferred place of care should they become unwell.

There was a range of activities on offer throughout the week and people were able to follow their interests and hobbies. One person said "We have good activities in the home. We are doing Halloween soon. I would like to go on trips outside of the home". We spoke with the provider about trips outside of the service and they told us there were plans to purchase an accessible minibus so that people could get out more often. A relative said "There are lots of activities. Singsongs, games and parties about four times a year." Records showed that people were following the hobbies they said they wanted to. One person liked to knit and was able to do this at the service. Information about activities available each month was provided to people and their relatives.

Staff had received training about providing activities to people with dementia. They told us how some people preferred activities to be on a sensory level because of their cognitive impairment. There was a sensory room at the service where people could take part in these activities. During our inspection there was music and singing in one of the lounges. People participated and joined in the singing and played instruments.

People were encouraged and supported to maintain relationships. One person said "The door is open so that visitors can come and go. I join in with activities and have friends here." A relative said "They have mixed with people here. Friends from church come in and see them in their room. I can come here anytime." People said they would feel confident making a complaint or raising a concern should they need to. One person said "If I am bothered about anything I can talk to the manager". There was a complaints procedure and information about how to make a complaint was displayed at the service. This included escalating a complaint to director level and or contacting outside agencies such as the local authority and local government ombudsman.

Good

Is the service well-led?

Our findings

There was a new manager in post. They were in the process of becoming registered with the CQC and had submitted an application. People spoke highly of the new manager. A relative said "The new manager is available and approachable. Another relative said "People have confidence in the manager. I think it's a good care home. The manager makes time for you. If anything is happening they phone me"

Staff also spoke highly of the manager and said they felt supported by them. There was a management structure at service level and provider level. There were clear lines of responsibility and accountability and staff were clear about their roles. The manager was supported by a senior management team, a deputy and a team of senior carers and carers. Staff told us that they had regular meetings and could speak with the management team at any time.

There was a set of values and a clear vision which was described in the provider's statement of purpose. Staff understood and worked with these values. Staff were motivated and proud of the service and how they worked.

People were involved in developing the service and asked for their feedback and ideas. Resident, relative and staff joint meetings were held. People confirmed they had been to these meetings.

A person and their relative said "We went to residents meetings. We have been to three this year. We can raise concerns. Information is shared. A newsletter has been introduced. We think it is good. Menus were discussed and people wanted variations and that has happened" Another relative said "I have been involved in joint meetings with staff. We have attended a relatives / carers meeting. We have been waiting for an optician to come and he didn't so the staff are pushing the optician for us"
The manager told us about changes made as a result of feedback from people. These included reducing portion sizes at meal times and making sure the morning toast was properly toasted on both sides.

Relative and resident satisfaction questionnaires were sent out and there was a suggestion box. The management team analysed returned questionnaires and suggestions and let people know what action they had taken in response. For example, staffing hours in the laundry were increased as a result of people's feedback.

There was an on-going programme of quality monitoring. Audits were carried out to check that staff were following the provider's policies and safe procedures. Action plans were developed and action taken as a result of audits. For example an infection control audit identified a need for a special sink with a sluicing facility and this was provided. The service user guide was updated to include information about infection control.

The provider was aware of their registration responsibilities. Providers and
registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The provider had informed us about incidents that had

happened.